

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	HL		4-11-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	ET	926	05-14-01
RESPONSE FORMALITY REVIEW	Zm	927	08/29/01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 : ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	1	1	
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7	✓	✓	
8	0	0	
9	✓	✓	
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12	✓	✓	
13	0	0	
14	✓	✓	
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17	✓	✓	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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BEST AVAILABLE COPY

 10-11-01  
 Attn:  
 206-1026-14  
 10-11-01